MEMORIAL HOSPITAL AT GULFPORT
CERTIFICATION BY CUSTODIAN OF MEDICAL RECORDS

STATE OF MISSISSIPPI

COUNTY OF HARRISON

The undersigned being duly sworn does state on oath as follows:

1. That she is the duly authorized custodian of the hospital medical records of MEMORIAL HOSPITAL AT GULFPORT and has the authority to certify records.

2. That the within and annexed are true and correct copies of requested portions from the medical records of **MCBAY, GARY, DOB: 08/05/1976** as described in the correspondence received for these records.

3. The within and annexed records were prepared either by the personnel of the hospital or it's staff, physicians or by persons acting under the control either of them, in the ordinary course of hospital business at or near the time of the act, condition or event reported therein.

RHIA
Signature of Custodian

SWORN AND SUBSCRIBED before me, this the 20 day of May 2009

Notary Public

MISSISSIPPI STATEWIDE NOTARY
MY COMMISSION EXPIRES SEPT 8, 2010
BONDED THRU STEGALL NOTARY SERVICE

EXHIBIT
tabbies
"A"

PHNS Inc - Hunter Account
Health Information Specialists

DUKES DUKES KEATING AND FANECA
2909 13TH ST
FL 6
GULFPORT, MS 39501-1925

Wednesday, May 20, 2009
Reference Number: MS36-2275973W

Facility: MEMORIAL HOSPITAL AT GULFPORT
4500 13TH ST
GULFPORT, MS 39501-2515
(228) 865-3044

Regarding Patient: GARY MCBAY

Dear Requestor:

Your request for medical records has been received by PHNS Inc - Hunter Account. PHNS Inc - Hunter Account has contracted with this medical facility to provide you with copies of the medical records you requested. Copies are made from the medical facility's original medical records. The confidentiality of these records is protected by federal and state law. These medical records are intended exclusively for the requested purpose and cannot be recopied or redistributed for other purposes without written informed consent of the patient.

Your request for medical records has been completed. There is a cost for providing these copies and an invoice is enclosed. Please see the attached invoice for payment details.

PLEASE REMIT CHECK TO:
PHNS Inc - Hunter Account
PO BOX 671281,
Dallas, TX 75267-1281
Phone: 800-778-4839
Federal Tax ID Number: 72-1292247

BILL TO:

DUKES DUKES KEATING AND FANECA
2909 13TH ST
FL 6
GULFPORT, MS 39501-1925

Ship To:

Date: 5/20/2009 9:39:33 AM **Invoice#:** MS36-2275973W **Amount Due:** $0.00	DUKES DUKES KEATING AND FANECA 2909 13TH ST FL 6 GULFPORT, MS 39501-1925

Facility Name: MEMORIAL HOSPITAL AT GULFPORT
Requested By: DUKES DUKES KEATING AND FANECA
Patient Name: MCBAY, GARY
Date of Birth: 8/5/1976
SSN: ***-**-4195

Insured Name:
Reference#:
Fee Approval:
Pages Sent: 10

Charge	Quantity	Rate	SubTotal	BaseFee	SearchFee	Tax	Shipping	CertMail	Total
Electronic Copy Fee	10	2.00	$20.00	$0.00	$0.00	$0.00	$2.00	$0.00	$22.00
Affidavit Fee	1	25.00	$25.00	$0.00	$0.00	$0.00	$0.00	$0.00	$25.00
		Totals:	$45.00	$0.00	$0.00	$0.00	$2.00	$0.00	**$47.00**

The copy fee rate reflects the average rate for all items copied.

Pages 1 to 1 = $20.00/pg
Pages 2 to 20 = $0.00/pg
Pages 21 to 100 = $1.00/pg
Pages 101+ = $0.50/pg

MEMORIAL HOSPITAL AT GULFPORT has contracted with PHNS Inc - Hunter Account to provide medical information requested on GARY MCBAY. This request has been processed and the records are enclosed. We must receive your payment within 30 days of the invoice date. For questions regarding this invoice, call & phoneNumber & or write the address listed below. Checks returned for non-sufficient funds will be charged up to a $0.00 fee.

Online Payment: Conveniently and securely pay your invoice online at www.huntermedicalsystems.com

Check: Please return a copy of this invoice with your payment and write the invoice number on your check. Make check payable to: PHNS Inc - Hunter Account, PO BOX 671281, Dallas, TX 75267-1281. Federal Tax I.D No. 72-1292247

Credit Card: Pay online or mail this section to the address listed above or fax to 214-257-7173

Invoice #: **Patient Name:** GARY MCBAY **Amount to Charge:** _____ **Total Due:** $0.00 ☐ Amex ☐ Visa ☐ Mastercard ☐ Discover	**Print Name:** **Address:** **Address:** **City, State, Zip:**

LAW OFFICES OF

Dukes, Dukes, Keating & Faneca, P.A.

WILLIAM F. DUKES
(1927 - 2003)

Walter W. Dukes
Hugh D. Keating
Cy Faneca
Phillip W. Jarrell *
W. Edward Hatten, Jr.
Trace D. McRaney
Bobby R. Long

Je'Nell B. Blum **
Haley N. Broom
Jon S. Tiner
Matthew M. Williams
Adam B. Harris

* ALSO LICENSED IN TX
** ALSO LICENSED IN CA

2909 13th Street, Sixth Floor
Gulfport, Mississippi 39501
Telephone: 228-868-1111
Facsimile: 228-863-2886
www.ddkf.com

Gulfport Mailing Address:
Post Office Drawer W
Gulfport, Mississippi 39502
Toll Free: (888) 542-2034

PRIMERUS DEFENSE INSTITUTE

Hattiesburg Office:
100 Dudley W. Conner Street
Hattiesburg, Mississippi 39401
Telephone: 601-583-0999
Facsimile: 601-583-0997

April 15, 2009

McBay, Gary
RECEIVED
APR 22 2009
BY: HMS 1

Dr. Larry Killebrew
Memorial Hospital
4500 13th St.
Gulfport, MS 39502-1810

Re: *Gary Brice McBay v. Harrison County Mississippi by and through its Board of supervisors; Harrison County Sheriff George Payne, in his official and individual capacity; Direct of Operations Major Wayne Payne, in his official and individual capacity; Director of Operations Major Wayne Payne, in his official and individual capacity; Director of Corrections Major Dianne Gaston Riley, in her official and individual capacity; Director of Professional Standards Unit Captain Steve Campbell, in his official and individual capacity; Supervisor of Booking Captain Rick Gaston, in his official and individual capacity; Corrections Officer Sergeant Ryan Teel, in his official and individual capacity; Corrections Officers John Doe 1-4 in their official and individual capacity; American Correctional Association and its Executive Director James A. Gondles, Jr. And employee(s) John and/or Jane Doe 1-3; Health Assurance LLC and its employee(s) John and/or Jane Doe 1-2*
Civil Action No. 1:07cv1205LG-JMR
Our File No. 1811.0119

To Whom It May Concern:

Our firm represents a defendant in a civil right lawsuit which has been filed by Gary Brice McBay.

Please forward to us all records you have reflecting Gary Brice McBay's treatment by you including, but not limited to, the following:

Copied By PLNS
Date:
Rep:
Dr.:
DOS:

0531100375

1. Questionnaires
2. Histories
3. X-ray Reports
4. Office notes (handwritten and transcribed)
5. Surgical/Pathology Reports
6. All Hospital Records
7. Medical Reports and Summaries
8. Consultations
9. Any and all bills incurred for his/her care and treatment at your facility.

Enclosed is a medical authorization form which complies with HIPAA.

Also enclosed is a Records Affidavit for your convenience in certification of these records. The Affidavit will need to be signed in front of a notary public for proper certification. Once the records have been obtained and the Affidavit has been executed, please forward same to me at the above listed address.

If there is a charge for this service, please forward a statement with the records; however, if the charge exceeds $100, please contact me prior to processing this request.

Thank you in advance for your cooperation and attention in this matter.

Sincerely,

DUKES, DUKES, KEATING & FANECA, P.A.

Haley N. Broom

Haley N. Broom

McBay, Gary
RECEIVED
APR 22 2009
BY: HNS1

HNB/lc
Enclosures

cc: Michael Bruffey, Esquire

AUTHORIZATIC 'O USE OR DISCLOSE PROTECTED HE/ H INFORMATION

I hereby authorize Memorial Hospital to use or disclose the following protected health information (PHI) from the medical records of the patient listed below to:

0531100375

Requestor Name: Dukes, Dukes, Keating and Faneca, P.A.
P.O. Drawer W
Gulfport, MS 39502

McBay, Gary
RECEIVED
APR 22 2009
BY: HMS

Patient Name: Gary Brice McBay
Patient DOB: August 5, 1976
Patient Social Security Number: 458-95-4195
Patient Address: c/o Michael Bruffey
496 Vieux Marche, Suite 1
Biloxi, MS 39533

Disclose the following PHI for treatment dates (08/05/76) to Present.

⊠Abstract/Pertinent	⊠History and Physical	⊠Physician Orders	⊠Entire Chart
⊠Operative Report	⊠Progress Notes	⊠X-ray	⊠Billing
⊠ER Report	⊠Lab	⊠Consult	
⊠Other specified	⊠Discharge Summary	⊠Nurse Notes	

⊠Other Specified: All other such records in your possession, custody or control.

The above information is disclosed for the following purposes:
□Medical Care ⊠Legal □Insurance □Personal □Other

X GBM *initials* I acknowledge, and hereby consent to such, that the release of information may contain alcohol and drug abuse, psychiatric, HIV or genetic information

This authorization shall **expire** upon this expiration date: final disposition of **Gary Brice McBay** or five (5) years from the date of this authorization, whichever comes first
**If I fail to specify an expiration date or event, this authorization will expire six (6) months from the date on which it was signed.

- I understand that I have the right to revoke this authorization at any time. I understand that I must do so in writing and present the written revocation to Memorial Hospital. *I understand that the revocation will not apply to information that has already been released to this* authorization.
- The information used or disclosed pursuant to the authorization may be subject to redisclosure by the recipient and no longer protected.

I have read the above and authorize the disclosure of the protected health information as stated. If I do not sign this form, my health care and the payment for my health care will not be affected unless stated otherwise.

X Gary Brice McBay 4-6-09
Signature of Patient/Legal Representative Date

If signed by legal representative, relationship to patient: _____

_____ _____
Signature of Witness Date

If signed by legal representative, relationship to patient: _____

_____ _____
Signature of Witness Date

0531100375

SWORN TO AND SUBSCRIBED BEFORE ME, this the 6 day of April, 2009.

Jarrod P Johnson
NOTARY PUBLIC

My Commission Expires:
8-7-10

This authorization is designed to be in compliance with the Health Insurance Portability and Accountability Act ("HIPAA") 45 CFR Parts 160 and 164.

JARROD P JOHNSON
Notary Public
STATE OF TEXAS
My Comm. Exp. 08-07-10

McBay, Gary

RECEIVED
APR 22 2009
BY: HMS

F/C:S P/T:ERT

MCBAY,GARY B 05311-00375 11/07/05 11/07/05 1

E R PHYSICIAN

GARY BRICE MCBAY
300 VZ COUNTY ROAD 3506
EDGEWOOD TX 75117-3466

NO INSURANCE

04/29/09

	CODE	DESCRIPTION	QTY	
	***250	PHARMACY		
11/07	002834	TETANUS-DIPHTHERIA TOXOIDS-TD	1	49.90
		AREA TOTAL ***		49.90
	***272	STERILE SUPPLY		
11/07	013013	KIT URINE CULTURE CLEAN CATCH	1	48.50
		AREA TOTAL ***		48.50
	***309	OTHER LABORATORY		
11/07	075164	DRUG SCREEN-URINE RAPID (6 DRUGS)	1	500.60
		AREA TOTAL ***		500.60
	***351	CT SCAN/HEAD		
11/07	050017	CT BRAIN WITHOUT IV CONTRAST	1	1,693.50
11/07	050023	CT ORBIT/SELLA/P FOSSA/IAC W/O CX	1	1,693.50
		AREA TOTAL ***		3,387.00
	***450	EMERGENCY ROOM		
11/07	000100	INJECTION SQ/IM	1	33.60
11/07	060209	LEVEL VB-W DIAG TEST/PROCEDURE	1	1,008.10
		AREA TOTAL ***		1,041.70
	***981	PROFESSIONAL FEES E/R		
11/07	069321	E&M LEVEL III	1	230.40
		AREA TOTAL ***		230.40
		TOTAL CHARGES		5,258.10
		TOTAL PAYMENTS/ADJUSTMENTS		0.00
				5,258.10
				0.00
				5,258.10

Memorial

PATIENT REGISTRATION

E15 CP

MR	PATIENT NAME		ROOM NO.	ACCOUNT NO.
0000359017	MCBAY,GARY BRICE	FC S -		05311-00375

PATIENT ADDRESS	CITY	STATE	ZIP CODE
1109 SILVER CREEK	DE SOTO	TX	75115

SOCIAL SECURITY NO	ADMISSION DATE	ADM. HOUR	ADM. TYPE	ADM. SOURCE	ACCOD. CODE	DISCHARGE DATE	MED. SV. CD	ADM. PHY.	ATT. PHY.	ATT. PHYS. NAME
458-95-4195	11/07/05	1502	1	7		ERT ER		999	999	PHYSICIAN,E R

PATIENT PHONE	BIRTHDATE	AGE	SEX	ORIGIN	MARITAL	RELIGION	CHURCH PREFERENCE
(972)223-2083	08/05/76	29Y	M	4	S	UAF	UNAFFILIATED

SPOUSE'S NAME	NEAREST RELATIVE	RELATIONSHIP	PATIENT'S MAIDEN NAME

IN CASE OF EMERGENCY NOTIFY	RELATIONSHIP	ADDRESS	CITY	STATE	ZIP CODE
MCBAY,GARY	FATHER	1109 SILVER CREEK	DE SOTO		

PRIMARY EMERGENCY PHONE	ALT. EMERGENCY PHONE	PATIENT EMPLOYER
(972)223-2083		SELF

ADDRESS OF EMPLOYER	CITY	STATE	ZIP CODE	PHONE

OTHER EMPLOYER	ADDRESS	CITY	STATE	ZIP CODE
MCBAY,GARY BRICE				

GUARANTOR EMPLOYER	PHONE	GUARANTOR SOCIAL SECURITY NO.
SELF		458-95-4195

ADDRESS OF GUARANTOR EMPLOYER	CITY	STATE	ZIP CODE

	ACCIDENT	DATE	TIME
ALTERCATION	ALTERCATION W/SHERIFF DE	11/06/05	2000

NAME OF INSURANCE NO. 1	NAME OF INSURANCE NO. 2	NAME OF INSURANCE NO. 3
GROUP NAME	GROUP NAME	GROUP NAME
GROUP NO. / POLICYHOLDER	GROUP NO. / POLICYHOLDER	GROUP NO. / POLICYHOLDER
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY STATE ZIP CODE	CITY STATE ZIP CODE	CITY STATE ZIP CODE

Admitting Diagnosis (Record here or on Physical Examination) Days

PRINCIPAL Diagnosis Codes

Complications and/or Additional Diagnosis (List All)

Principal Procedure

All Other Procedures

PRINTED BY: slh9337
DATE 5/19/2009

Consultation with _____

DISCHARGE STATUS ☐ ALIVE ☐ AMA ☐ DIED ☐ TRANSFER (AUTOPSY ☐ YES ☐ NO)

MHG#1460 (Rev. 7/99)

T 10

1340A

CONSENT FOR ADMISSION TO HOSPITAL AND MEDICAL TREATMENT

I, Gary Brice McBay, give permission for such examination and treatment as the doctor(s) considers necessary or advisable for the care of MCBAY, GARY BRICE (Patient's Name).

I understand:

1. That examination and treatment may include x-rays, drawing blood, medical/surgical care, medicines, anesthesia, or other healing measures.
2. That unexpected situations may arise and I now give permission, in the event I am later unavailable or unable to consent, for the doctor(s) to do what is necessary to save the health, or life, of the above named patient.
3. If I/the above named patient deliver a baby during this hospital stay, I give permission for such examination and treatment of that baby as the doctor(s) considers necessary and advisable.
4. The practice of medicine and surgery is not an exact science. There are no guarantees of success.
5. I have read and do understand this consent. I have had a chance to ask questions. The MHG staff answered my questions.

OTHER TERMS OF ADMISSION

I understand:

1. Memorial Hospital at Gulfport will send me/the above named patient a bill.
2. Each physician specialist who examines or treats me or the above named patient will send a separate bill.
3. Physicians working in the Hospital Emergency Department are not employees of the hospital. They work for Emergency Care Specialists of Mississippi, Ltd., a separate organization which is an independent contractor to Memorial Hospital at Gulfport.
4. I am responsible for calling my insurance company before admission. The insurance company may reduce my benefits if I do not follow procedures. The hospital will contact the insurance company only as a courtesy.
5. If I am in a Managed Care Plan requiring approval of a primary care physician (PCP), the hospital will contact the PCP for instructions. My insurer may not pay if I receive services without their approval. In this case, I may be personally responsible for all charges for these services.
6. Memorial Hospital will not deny or delay treatment for any emergency medical condition in order to contact or receive approval from my insurance company or any PCP.

WAIVER OF CLAIM FOR LOSS OR DAMAGE TO PERSONAL PROPERTY

I understand:

1. I may place my personal property in the Hospital safe.
2. I am responsible for loss of or damage to personal property that I do not place in the Hospital safe.

Witness Date NOV 06 2005 Time 3:04 Signature of patient or person permitted to sign for patient Date NOV 06 2005

AUTHORIZATION TO RELEASE INFORMATION TO INSURER & ASSIGNMENT

I give permission to the Hospital to release medical information needed to process any claim related to this hospital stay against any of my insurance companies, including automobile or other liability insurance companies. MHG can release this medical information only to the insurance company or any third party payor involved in this claim. Third party payors may be Medicare, Medicaid, CHAMPUS, CHAMPVA, automobile or other liability insurance, or any worker compensation plan. This permission is good for the time provided in MHG's Health Information Management Department policy unless I deliver to the Hospital written notice of cancellation.

I assign all insurance benefits and all third party claims up to the amount owed to Memorial Hospital at Gulfport and to any physicians who provide services to me or the above named patient. I direct third party payors to pay all benefits directly to MHG and these physicians.

I have given current and correct information about my insurance or other benefit status to the Hospital.

Witness Date NOV 06 2005 Signature of patient or person permitted to sign for patient Date NOV 06 2005

FINANCIAL AGREEMENT AND GUARANTY OF PAYMENT

In consideration of services rendered the above named patient, I unconditionally guarantee payment for services not covered by insurance or a benefit program while a patient in Memorial Hospital at Gulfport. I guarantee this payment within 60 days of final billing. If I do not pay in full, within that time, MHG may refer the bill to an attorney or collection agency. If the bill is referred to an attorney, either by MHG or by a collection agency, I will be responsible for attorneys' fees of up to 33 1/3% in addition to the amount of the bill and legal interest from date 60 days after final billing. I understand that the Hospital has the right to examine credit bureau files for financial information on unpaid debts. MHG may inform any credit bureau of any hospital bill not paid within 60 days of final billing.

I have read and understand this financial agreement. I have had a chance to ask questions. The MHG staff answered my questions.

Witness Date NOV 06 2005 Signature of Patient or Guarantor of Account Date NOV 06 2005

Relationship to Patient

IF PATIENT IS UNABLE TO CONSENT TO THE FOREGOING OR IS A MINOR, COMPLETE THE FOLLOWING:

PATIENT IS A MINOR _____ YEARS OF AGE / IS UNABLE TO CONSENT BECAUSE _____

Witness Date ____/____/____ Person Permitted to Sign for Patient Date ____/____/____

Important Message from Medicare received: _____

Signature of Patient | Clerk Initials | Date

Memorial

Consent for Admission to Hospital and Medical Treatment

PRINTED BY: SIN9337
DATE 5/19/2009

PATIENT INFORMATION

ERT ERT -
MCBAY,GARY BRICE
11/07/2005 MR 0000359017
PHYSICIAN,E R
DOB 08/05/1976 0531100375
M 29Y

1720C

Name McBay G Brice DOB 8-5-76 Age 29

Triage Level: ☐ Emergent Priority ☒ Urgent Priority ☐ Non-Urgent Priority

Emotional Status: ☐ Comatose ☒ Calm ☐ Anxious ☐ Combative ☒ Cooperative ☐ Hostile ☐ Other:

☐ Adv. Directive ☐ Living Will ☐ DNR ☒ NONE

☐ 24-72 Hour Return ☐ Same Complaint ☒ New Complaint ☐ Call Back

On the Job Accident: ☐ Yes ☒ No Date: Time of Event:

Mode of Arrival: ☐ W/C ☒ Ambulatory ☐ Carried ☐ Ambulance

Arrived With: ☐ Friend ☐ Self ☐ Police ☐ Spouse ☐ Relative ☒ Parent

Treatment Prior to Arrival: ☒ None ☐ Yes: ☐ Ice ☐ IV ☐ ACLS ☐ O/2 ☐ Spine Board/C-Collar ☐ Monitor ☐ Splint/dressing ☐ Other

Visual Acuity RT 20/ LT 20/ Both 20/ | TET Tox unkn | LMP ♂ | Wt. / ☐ Actual | Ht. / ☒ Estimate

TB Screen ☐ Persistent Cough > 2 weeks ☐ Wt Loss ☐ Hx of TB ☐ Bloody Sputum ☐ Fever ☐ Night Sweats ☐ Anorexia ☒ No Symptoms ☐ In Foreign Country Recently

Date 11/7/05 Time 1442 Chief Complaint: (In Patient's Words) Altercation

State arrests last p̄ - hit c̄ fist all over body. % pain ~~Altercation~~ to face abrasion. Blackened eye.

RN Signature [signature]

PAIN ASSESSMENT ☐ None ☐ Pt Uncooperative ☐ Unable to assess due to acuity

Pain now: (circle) 0 1 2 3 4 5 6 7 8 9 10 (7 circled)

For PEDS, use faces scale; document as 0-10.

No Pain / Mild / Moderate / Severe / Very Severe / Worst Possible

How long have you been in pain? early Am

Location(s) (specify each site) face elbow

☐ Sharp ☐ Stabbing ☐ Shooting ☒ Burning ☐ Dull ☐ Other Hurt

What worsens pain? touch

What relieves pain?

Pain interferes with: ☒ Function ☒ Sleep ☐ Appetite ☐ Other

What level of pain would be able to tolerate (Ex. Would allow you to sleep, perform ADLs, move post-op, etc.) 3

Private Physician(s): none

☐ STAT (ED) Placement to Room # Reported to

☐ To Lobby after triage - Awaiting Bed Availability

☐ To Room # ~~T15~~ at 1450 Report to

☐ LWBS at ☐ Refusal Obtained

Social History: Lives - ☐ Alone ☐ N.H. ☒ Family ☐ Homeless
Smoker - ☐ Yes ☐ No ☐ PPD
ETOH Use - ☐ Yes ☐ No
Abuse - ☐ Yes ☐ No

Past Surgical History:

Past Medical History:

Family	Patient	Family	Patient
☐	☐ Arthritis	☐	☐ Hypertension
☐	☐ Asthma	☐	☐ Lung Disease
☐	☐ Cancer	☐	☐ COPD
☐	☐ CVA	☐	☐ Bronchitis
☐	☐ Diabetes	☐	☐ Nerves
☐	☐ GI	☐	☐ Back Problems
☐	☐ Ulcer	☐	☐ Seizures
☐	☐ Glaucoma	☐	☐ PVD
☐	☐ Heart Disease	☐	☐ Mental
☐	☐ Angina	☐	☐ Renal
☐	☐ CAD	☐	☐ Thyroid
☐	☐ Hepatitis	☐	☐ None
☐	☐ HIV		

Comments: hypoglycemia
Rx none | 0 meds

Initial Vitals
BP 124/92 ☐ NIBP ☐ Audible ☐ Palpable
Pulse 124-116 ☐ Regular ☐ Irregular ☐ Weak
Resp 18 ☐ Regular ☐ Shallow ☐ Labored
Temperature 98 ☐ Oral ☐ Rectal ☐ Axillary
SpO2 ☐ Room Air ☐ O/2 at _ L/Min 99%

ALLERGIES ☐ NONE KNOWN

Food, Medication, Latex, Tape, Iodine, Other	Rash	Hives	Dyspnea	N/V	Other
1. Mycin					
2. Rowden					
3.					

Mental Status: ☒ Alert ☐ Uncooperative ☒ Oriented X 3 ☐ Combative ☐ Lethargic ☐ Drowsy ☐ Unresponsive ☐ Disoriented

Speech: ☒ Coherent ☐ Incoherent ☐ Slurred ☐ Silent

Respiratory: ☒ Regular ☐ Labored ☐ Shallow ☐ Retractive ☐ Absent

Skin Color: ☒ Normal Pink /Dark Pigment ☐ Ashen ☐ Cyanotic ☐ Flushed ☐ Pale ☐ Jaundiced

Skin: ☒ Dry ☐ Moist ☐ Diaphoretic

Pupils: ☐ N/A ☒ Perl ☐ Unequal ☐ RT ☐ LT

Skin Temp: ☐ Warm ☐ Hot ☐ Cool

Special Needs or Physical Ability Needs ☐ Teeth/Mouth problems
☐ N/A ☐ Blind Y/N Interpreter ☐ Deaf Y/N Interpreter
☐ Foreign language Interpreter ☐ Financial ☐ Emotional ☐ Spiritual ☐ Cultural

Memorial
Building a Healthier Community

Emergency Department Nursing Record

PRINTED BY: aeq2177
DATE 11/8/2005

PATIENT INFORMATION
Cr brown
crackets/505
alo

MCBAY,GARY BRICE
PHYSICIAN,E R 11/07/2005
MR 0000359017 DOB 08/05/1976
ERT M 29Y
0531100375

9753 (Page 1 of 2) (4/05)

Patient Name ______________________ Account # ____________ Date: ____________

Time	T	P	R	BP	Time	T	P	R	BP

Ongoing Assessment Treatment

1455 Pt ē multiple bruises - blackened eyes Lt > Rt
happened early AM at Police Station - nose
is not straight abrasion across Lt forehead
abrasion to Rt ~~forehea~~ elbow minor knee
contusions - Dr Killebrew to see pt [illegible]
1510 CT ō [illegible] brain ordered - dT as [illegible]
1535 pt to CT amb [illegible] EDT, 1555 pt to Rm from CT [illegible] EDT 1732 UDS obtained
& delivered to lab [illegible] home in care of family to
[illegible] tomorrow for results - pt [illegible] x3 fully
ambulatory ē no acute [illegible] noted [illegible]

Time	Medication	Dose	Mode	Site	Signature	Time	Medication	Dose	Mode	Site	Signature
1500	dT	0.5cc	IM		[signature]						
	LOT U1596DA EXP [illegible]	[illegible] NDC 49281-291-10 0.5 mL dose Tetanus and Diphtheria Toxoids Adsorbed [illegible]	5057	LOT U1596DA EXP 18APR07							

MCBAY,GARY BRICE
PHYSICIAN,E R
MR 0000359017
11/07/2005
DOB 08/05/1976
ERT M 29Y
0531100375

INFUSION Amt	Solution	Additive	Device	Site	Rate	Start	Stop	Total Amount	Signature	Intake	Output

Disposition 1732 AM/PM | ☐ Admitted Time | Room No. | Ready Room Time | ☒ Discharged via | ☒ Ambulatory ☐ In Arms | ☐ Wheelchair ☐ Ambulance

PRINTED BY: aeq2177
DATE 11/8/2005

HISTORY AND PHYSICAL Time:

CC/PHI:

FMH:

SH:

29yo involved in altercation c police last pm — Dx chest, arms, face

PE
Lungs clear
CV RSR
NV intact
Bruising over arms bilaterally
Bruising chest
large (L) periorbital hematoma
Bruising under (R) eye

4000A

ROS:	• if neg.
Gen:	0
Card:	0
Resp:	0
Renal:	0
End:	0
GI:	0
Neuro:	0
Eye:	0
ENT:	0
Skin:	0
Psych:	0
Ms/Stl:	0

ORDERS

Test Order	Tm/Int.
CT maxfac	3
CT orbits	3
UDS	

LAB:

X-RAY
EKG
U.S./C.T.

Nurse Order	Tm/Int.
Toradol 30mg IM	

DIAGNOSIS: Nasal fracture

☑ May Discharge ☐ Admit Time 1832 | ☐ Transfer ☐ AMA | Condition on Discharge ☑ Stable | I HAVE REVIEWED THE NURSES ASSESSMENT AND HISTORY ☐ See Dictated Notes | Physician's Signature

Patient Instructions
☐ Sprain & Fracture, Severe Bruises ☐ Medications ☐ Head Inj (adult) ☐ Fever ☐ Back/Neck Inj ☐ Vomiting/Diarrhea ☐ Common Cold/Viruses
☐ Sedation Instruction ☐ Reducing High Fever ☐ Orthopedic Appliance ☐ Head Inj (Child) ☐ Eye Inj ☐ Wound Care/Animal Bite ☐ Burns
☐ Other

DISCHARGE INSTRUCTIONS:

Ice
meds as ordered
return as needed

Follow Up ☐ Make an appointment to see your regular physician ☐ Follow-up Visit in Emergency Department ☐ Have Sutures Removed in Days

PATIENT/S/O VERBALIZED UNDERSTANDING OF INSTRUCTIONS
Nurse Signature

I HAVE READ AND UNDERSTAND AND INSTRUCTIONS AND HAVE RECEIVED A COPY OF THEM
Patient Signature

PATIENT INFORMATION

Memorial
Enriching a Healthier Community

Emergency Department Physician Record

PRINTED BY: aeg2177
DATE 11/8/2005

MCBAY,GARY BRICE
PHYSICIAN,E R
MR 0000359017
11/07/2005
DOB 08/05/1976
ERT M 29Y
0531100375

9631 (Rev. 7/05)

RADIOLOGY REPORT

MCBAY,GARY BRICE DOB:08/05/76 AGE: 29Y
MR# G0000359017 CI# 834729 ACCOUNT # 0531100375
SERV: ERT
PT TYPE: ERT LOC: ERT EXAM DATE: 11/07/05
ORD: KILLEBREW,LARRY MD ADM: PHYSICIAN,E R MD
ATT: PHYSICIAN,E R MD

Chk-in #	Order	Exam	
834729	0001	50017	CT BRAIN WITHOUT IV CONTRAST

Ord Diag: trauma

CT BRAIN WITHOUT IV CONTRAST:

CLINICAL HISTORY PROVIDED: Altercation with head trauma.

Multiple sequential sections were obtained through the brain and there is a large left temporoparietal scalp hematoma. There is no associated fracture.

Brain attenuation is normal with no focal ischemic infarct, mass, or hemorrhage. Ventricular system is normal and midline structures are midline. There is no acute extraaxial fluid accumulation.

There is some mucosal thickening of the ethmoid air cells bilaterally.

IMPRESSION:

THERE IS A RELATIVELY LARGE LEFT TEMPOROPARIETAL SCALP HEMATOMA OR CONTUSION. THERE IS NO ASSOCIATED FRACTURE OR ACUTE INTRACRANIAL ABNORMALITY.

THERE IS SOME MUCOSAL THICKENING OF THE ETHMOID AIR CELLS BILATERALLY.

/Read By/ MILTON R RAINES, M.D.
/Released By/ MILTON R RAINES, M.D. PRELIMINARY UNLESS RELEASED
11/07/05 2016
Typed By: SKY
Typed On: 11/07/05 1647

DRS. BARRETT, JUSTICE, TIPTON, DIAZ, MASSONY, LOVELL, RAINES, COREY, LAWSON, STOREY, RADIOLOGISTS
FINAL

RADIOLOGY REPORT

PRINTED BY: aeq2177
DATE 11/8/2005

RADIOLOGY REPORT

MCBAY,GARY BRICE DOB:08/05/76 AGE: 29Y
MR# G0000359017 CI# 834748 ACCOUNT # 0531100375
SERV: ERT
PT TYPE: ERT LOC: ERT EXAM DATE: 11/07/05
ORD: KILLEBREW,LARRY MD ADM: PHYSICIAN,E R MD
ATT: PHYSICIAN,E R MD

Chk-in #	Order	Exam	
834748	0003	50023	CT ORBIT/SELLA/P FOSSA/IAC W/O CX

Ord Diag: ALTERCATION

CT OF THE ORBITS:

CLINICAL HISTORY PROVIDED: Altercation. Orbital injury.

Multiple sequential sections were obtained through the orbits and there is comminuted nasal bone fracture with deviation of the nasal septum to the right posteriorly with spurring which is chronic in appearance. I do not see a definite orbital fracture. There is mucosal thickening ethmoid air cells bilaterally and frontal sinuses more on right than left. There is also air within the soft tissues over the anterior and lateral right maxillary sinus although no definite orbital floor or sinus fractures are seen. There is soft tissue swelling over the orbits and face bilaterally.

IMPRESSION:

COMMINUTED NASAL BONE FRACTURE. MUCOSAL THICKENING BILATERAL ETHMOID AND FRONTAL SINUSES WHICH IS MORE PROMINENT ON RIGHT THAN THE LEFT, PROBABLY RELATED TO TRAUMA AND MILD BLEEDING. SOFT TISSUE AIR OVER THE RIGHT MAXILLARY SINUS BUT NO DEFINITE ORBITAL OR MAXILLARY FRACTURE IS IDENTIFIED. PROMINENT DEVIATION OF THE NASAL SEPTUM APPEARS CHRONIC.

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/Released By/ MILTON R RAINES, M.D. PRELIMINARY UNLESS RELEASED
11/07/05 2016
Typed By: SKY
Typed On: 11/07/05 1650

DRS. BARRETT, JUSTICE, TIPTON, DIAZ, MASSONY, LOVELL, RAINES, COREY, LAWSON, STOREY, RADIOLOGISTS
FINAL

RADIOLOGY REPORT

PRINTED BY: aeq2177
DATE 11/8/2005

* * * * * MHG **PATIENT INQUIRY** Demand Report * * * * *

Patient: MCBAY, GARY BRICE
Age: 29Y Sex: M DOB:08/05/76
MR#: 0000359017
Admit Phys: PHYSICIAN, E R DE
Attend Phys: KILLEBREW, LARRY MD

Loc: ERT
Admit#: 0531100375
Order Phys: KILLEBREW, LARRY MD
Consult Phys:

Facility: ER Trauma
** PI DEMAND REPORT **
RunID: R1621536
Reported: 11/08/05 10:19

* * * * * * * * * * TOXICOLOGY * * * * * * * * * *

	11/07/05 17:30	REF RANGE	UNITS
Amphet	Negative	Negative	
Barb	Negative	Negative	
Benzo	Negative	Negative	
Cannab	Negative	Negative	
Cocaine	Negative	Negative	
Opiate	Negative	Negative	
Comment	See Note[1]		

[1]Results are for medical / screening purposes only. Confirmation testing by reference lab available if ordered within 48 hours

Clinical / Pathology Laboratory * Memorial Hospital at Gulfport * 4500 13th Street * Gulfport, MS 39501
Phone: 228-575-2300 * Fax: 228-575-2387

MHG Dept. of Pathology: P. Saccoccia, Jr., MD C. Slonaker, MD M.J. Gandour, MD J. Causey, MD

* * * * * * * * * * TOXICOLOGY * * * * * * * * * *

1720C

Name McBay G Brice DOB 8-5-76 Age 29

Triage Level: ☐ Emergent Priority ☒ Urgent Priority ☐ Non-Urgent Priority

Emotional Status: ☐ Comatose ☐ Anxious ☐ Hostile ☐ Combative ☐ Other: ☒ Calm ☒ Cooperative

☐ Adv. Directive ☐ Living Will ☐ DNR ☒ NONE

☐ 24-72 Hour Return ☐ Same Complaint ☒ New Complaint ☐ Call Back

On the Job Accident: ☐ Yes ☒ No Date: Time of Event:

Mode of Arrival: ☐ W/C ☒ Ambulatory ☐ Carried ☐ Ambulance

Arrived With: ☐ Friend ☐ Self ☐ Police ☐ Spouse ☐ Relative ☒ Parent

Treatment Prior to Arrival: ☒ None ☐ Yes: ☐ ice ☐ IV ☐ ACLS ☐ O/2 ☐ Spine Board/C-Collar ☐ Monitor ☐ Splint/dressing ☐ Other

Visual Acuity RT 20/ LT 20/ Both 20/ | TET Tox unknown | LMP | Wt. / ☐ Actual | Ht. / ☒ Estimate

TB Screen ☐ Persistent Cough > 2 weeks ☐ Wt Loss ☐ Hx of TB ☐ Bloody Sputum ☐ Fever ☐ Night Sweats ☐ Anorexia ☒ No Symptoms ☐ In Foreign Country Recently

Date 11/2/05 Time 1442 Chief Complaint: (In Patient's Words) Dislocation
State arrested last pm + hit c fist all over body. % gen body pain. ~~Attempts~~ to face
Abrasion. Blackened eye
RN Signature [signature]

PAIN ASSESSMENT
☐ None ☐ Pt Uncooperative ☐ Unable to assess due to acuity

Pain now: (circle) 0 1 2 3 4 5 6 7 8 9 10 (7 circled)

For PEDS, use faces scale; document as 0-10.

None · Annoying · Uncomfortable · Dreadful · Horrible · Agonizing
0 No Pain · 2 Mild · 4 Moderate · 6 Severe · 8 Very Severe · 10 Worst Possible

How long have you been in pain? early AM
Location(s) (specify each site) face elbow
☐ Sharp ☐ Stabbing ☐ Shooting ☒ Burning ☐ Dull ☐ Other Hurt
What worsens pain? touch
What relieves pain?
Pain interferes with: ☒ Function ☒ Sleep ☐ Appetite ☐ Other
What level of pain would be able to tolerate (Ex. Would allow you to sleep, perform ADLs, move post-op, etc.) 3

Private Physician(s): None

☐ STAT (ED) Placement to Room #
Reported to
☐ To Lobby after triage - Awaiting Bed Availability
☐ To Room # ~~[illegible]~~ at 1450
Report to
☐ LWBS at ☐ Refusal Obtained

Social History:
Lives - ☐ Alone ☐ N.H. ☒ Family ☐ Homeless
Smoker - ☐ Yes ☐ No ☐ PPD
ETOH Use - ☐ Yes ☐ No
Abuse - ☐ Yes ☐ No

Past Surgical History:

Past Medical History:

Family	Patient	Family	Patient
☐	☐ Arthritis	☐	☐ Hypertension
☐	☐ Asthma	☐	☐ Lung Disease
☐	☐ Cancer	☐	☐ COPD
☐	☐ CVA	☐	☐ Bronchitis
☐	☐ Diabetes	☐	☐ Nerves
☐	☐ GI	☐	☐ Back Problems
☐	☐ Ulcer	☐	☐ Seizures
☐	☐ Glaucoma	☐	☐ PVD
☐	☐ Heart Disease	☐	☐ Mental
☐	☐ Angina	☐	☐ Renal
☐	☐ CAD	☐	☐ Thyroid
☐	☐ Hepatitis	☐	☐ None
☐	☐ HIV		

Comments: hyperglycemia
Rx: none omeds

Initial Vitals
BP 124/92 ☐ NIBP ☐ Audible ☐ Palpable
Pulse 124-116 ☐ Regular ☐ Irregular ☐ Weak
Resp 18 ☐ Regular ☐ Shallow ☐ Labored
Temperature 98 ☐ Oral ☐ Rectal ☐ Axillary
SpO_2 ☐ Room Air ☐ O/2 at _ L/Min 97%

ALLERGIES ☐ NONE KNOWN

Food, Medication, Latex, Tape, Iodine, Other	Rash	Hives	Dyspnea	N/V	Other
1. Mycin					
2. Tendent					
3.					

Mental Status: ☒ Alert ☒ Oriented X 3 ☐ Lethargic ☐ Unresponsive ☐ Uncooperative ☐ Combative ☐ Drowsy ☐ Disoriented

Speech: ☒ Coherent ☐ Incoherent ☐ Slurred ☐ Silent

Respiratory: ☒ Regular ☐ Labored ☐ Shallow ☐ Retractive ☐ Absent

Skin Color: ☒ Normal Pink /Dark Pigment ☐ Ashen ☐ Cyanotic ☐ Flushed ☐ Pale ☐ Jaundiced

Skin: ☒ Dry ☐ Moist ☐ Diaphoretic

Skin Temp: ☐ Warm ☐ Hot ☐ Cool

Pupils: ☐ N/A ☒ Perl ☐ Unequal ☐ RT ☐ LT

Special Needs or Physical Ability Needs ☐ Teeth/Mouth problems
☐ N/A ☐ Blind Y/N Interpreter ☐ Deaf Y/N Interpreter
☐ Foreign language Interpreter ☐ Financial ☐ Emotional ☐ Spiritual ☐ Cultural

Memorial
Building a Healthier Community

Emergency Department Nursing Record

PRINTED BY: sfh9337
DATE 5/19/2009

PATIENT INFORMATION
Cr brain
crowlets 1503
ED

MCBAY,GARY BRICE
PHYSICIAN,E R 11/07/2005
MR 0000359017 DOB 08/05/1976
ERT M 29Y
0531100375

9753 (Page 1 of 2) (4/05)

Patient Name ______________________ Account # ________ Date: __________

Time	T	P	R	BP	Time	T	P	R	BP

Ongoing Assessment Treatment

1455 Pt c̄ multiple bruises - blackened eyes Lt > Rt happened early AM at Police Station - nose is not straight abrasion across Lt forehead abrasion to Rt forehead elbow minor knee Contusions - Dr. Killebrew to see pt [signature]
1510 CT's of orbits & brain ordered - d/o as below pr
1535 pt to CT and [illegible] EDT, 1555 pt to Rm from CT via EDT (732) UDS obtained & delivered to lab [illegible] welcome in care of family to stn tomorrow for results - pt A&O x3 fully ambulatory c̄ no acute c/o noted [signature]

Time	Medication	Dose	Mode	Site	Signature	Time	Medication	Dose	Mode	Site	Signature
1500	dT	0.5cc	IM		[signature]						
LOT U 5960A EXP 18APR07	NDC 49281-291-10 0.5 mL Dose Tetanus and Diphtheria Toxoids Adsorbed For Adult Use DECAVAC 5057		LOT U15960A EXP 18APR07								

MCBAY,GARY BRICE
PHYSICIAN,E R
MR 0000359017
11/07/2005
DOB 08/05/1976
ERT M 29Y
0531100375

INFUSION Amt	Solution	Additive	Device	Site	Rate	Start	Stop	Total Amount	Signature	Intake	Output

Disposition	☐ Admitted Time	Room No.	Ready Room Time	☑ Discharged via	☑ Ambulatory	☐ Wheelchair
1732 AM/PM					☐ In Arms	☐ Ambulance

PRINTED BY: slh9337
DATE 5/19/2009

9753 (Page 2 of 2) (4/05)

HISTORY AND PHYSICAL Time:

CC/PHI:

FMH:

SH:

29yo involved in altercation c police last pm —
Dam chest, arms, face

PE
Lungs-clear
CV RSR
NV intact
Bruising over arms bilaterally —
Bruising chest
large (L) periorbital hematoma
Bruising under (R) eye

4000A

ROS:	● if neg.
Gen:	O
Card:	O
Resp:	O
Renal:	O
End:	O
GI:	O
Neuro:	O
Eye:	O
ENT:	O
Skin:	O
Psych:	O
Ms/Stl:	O

ORDERS

Test Order	Tm/Int.
CT Maxfac w/o	
CT orbits w/o	
UDS	

LAB: | X-RAY | EKG | U.S./C.T.

Nurse Order	Tm/Int.
NS 66.5cc/hr x 1 hr now	

DIAGNOSIS: Nasal fracture

☑ May Discharge ☐ Admit Time 1832 | ☐ Transfer ☐ AMA | Condition on Discharge ☑ Stable | I HAVE REVIEWED THE NURSES ASSESSMENT AND HISTORY ☐ See Dictated Notes | Physician's Signature

Patient Instructions
☐ Sprain & Fracture, Severe Bruises ☐ Medications ☐ Head Inj (adult) ☐ Fever ☐ Back/Neck Inj ☐ Vomiting/Diarrhea ☐ Common Cold/Viruses
☐ Sedation Instruction ☐ Reducing High Fever ☐ Orthopedic Appliance ☐ Head Inj (Child) ☐ Eye Inj ☐ Wound Care/Animal Bite ☐ Burns
☐ Other

DISCHARGE INSTRUCTIONS:

Ice
meds as ordered
return as needed

Follow Up ☐ Make an appointment to see your regular physician ☐ Follow-up Visit in Emergency Department ☐ Have Sutures Removed in _____ Days

PATIENT/S/O VERBALIZED UNDERSTANDING OF INSTRUCTIONS
Nurse Signature

I HAVE READ AND UNDERSTAND AND INSTRUCTIONS AND HAVE RECEIVED A COPY OF THEM
Patient Signature Gary Brice McBay

Memorial
Building a Healthier Community

Emergency Department Physician Record

PRINTED BY: slb9337
DATE 5/19/2009

PATIENT INFORMATION
MCBAY,GARY BRICE
PHYSICIAN,E R
MR 0000359017
11/07/2005
DOB 08/05/1976
ERT M 29Y
0531100375

9631 (Rev. 7/05)

* * * * * MHG Cumulative Summary Report * * * * *

Patient: MCBAY, GARY BRICE
Age: 29Y Sex: M
DOB: 08/05/76
MR#: 0000359017
Admit Phys: PHYSICIAN, E R DE
Attend Phys: KILLEBREW, LARRY MD

Admit Loc: ERT
Admit#: 0531100375
Order Phys: KILLEBREW, LARRY MD
Consult Phys:

Facility: ER Trauma
** MEDICALR DISCHARGE REPORT **
*** PERMANENT REPORT - DO NOT DISCARD ***
Dsch Date: 11/07/05
RunID: R1624489
Reported: 11/10/05 03:11

********** TOXICOLOGY **********

	11/07/05 17:30	REF RANGE	UNITS
Amphet	Negative	Negative	
Barb	Negative	Negative	
Benzo	Negative	Negative	
Cannab	Negative	Negative	
Cocaine	Negative	Negative	
Opiate	Negative	Negative	
Comment	See Note[1]		

[1]Results are for medical / screening purposes only. Confirmation testing by reference lab available if ordered within 48 hours..

Clinical / Pathology Laboratory * Memorial Hospital at Gulfport * 4500 13th Street * Gulfport, MS 39501
Phone: 228-575-2300 * Fax: 228-575-2387

MHG Dept. of Pathology: P. Saccoccia, Jr., MD C. Slonaker, MD M.J. Gandour, MD J. Causey, MD

PRINTED BY: slh9337

DATE***5/[illegible]/2009 TOXICOLOGY **********

MCBAY,GARY BRICE DOB:08/05/76 AGE: 29Y
MR# G0000359017 CI# 834729 ACCOUNT # 0531100375
SERV: ERT
PT TYPE: ERT LOC: ERT EXAM DATE: 11/07/05
ORD: KILLEBREW,LARRY MD ADM: PHYSICIAN,E R MD
ATT: PHYSICIAN,E R MD

Chk-in #	Order	Exam	
834729	0001	50017	CT BRAIN WITHOUT IV CONTRAST

Ord Diag: trauma

CT BRAIN WITHOUT IV CONTRAST:

CLINICAL HISTORY PROVIDED: Altercation with head trauma.

Multiple sequential sections were obtained through the brain and there is a large left temporoparietal scalp hematoma. There is no associated fracture.

Brain attenuation is normal with no focal ischemic infarct, mass, or hemorrhage. Ventricular system is normal and midline structures are midline. There is no acute extraaxial fluid accumulation.

There is some mucosal thickening of the ethmoid air cells bilaterally.

IMPRESSION:

THERE IS A RELATIVELY LARGE LEFT TEMPOROPARIETAL SCALP HEMATOMA OR CONTUSION. THERE IS NO ASSOCIATED FRACTURE OR ACUTE INTRACRANIAL ABNORMALITY.

THERE IS SOME MUCOSAL THICKENING OF THE ETHMOID AIR CELLS BILATERALLY.

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Typed By: SKY
Typed On: 11/07/05 1647

DRS. BARRETT, JUSTICE, TIPTON, DIAZ, MASSONY, LOVELL, RAINES, COREY, LAWSON, STOREY, RADIOLOGISTS
FINAL

MCBAY,GARY BRICE DOB:08/05/76 AGE: 29Y
MR# G0000359017 CI# 834748 ACCOUNT # 0531100375
SERV: ERT
PT TYPE: ERT LOC: ERT EXAM DATE: 11/07/05
ORD: KILLEBREW,LARRY MD ADM: PHYSICIAN,E R MD
ATT: PHYSICIAN,E R MD

Chk-in #	Order	Exam	
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Ord Diag: ALTERCATION

CT OF THE ORBITS:

CLINICAL HISTORY PROVIDED: Altercation. Orbital injury.

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IMPRESSION:
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11/07/05 2016
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Typed On: 11/07/05 1650

DRS. BARRETT, JUSTICE, TIPTON, DIAZ, MASSONY, LOVELL, RAINES, COREY, LAWSON, STOREY, RADIOLOGISTS
FINAL

RADIOLOGY REPORT

PRINTED BY: slh9337
DATE 5/19/2009

1600C

INTERDISCIPLINARY PATIENT/FAMILY EDUCATION FLOW SHEET

INITIAL	PROVIDER SIGNATURE	INITIALS	PROVIDER SIGNATURE
[signature]	[signature]		

DOCUMENTATION LEGEND:

Topic

M - Medications	P - Procedure	D - Diet	A - ADL	FDI - Food/Drug Interaction
E - Equipment	C - Consents	DX - Diagnosis	T - Treatment	Other ______

Readiness to Learn

Ability to Understand Verbal Instruction:	VP - Poor	VA - Average	VG - Good
Cognitively Able to Understand:	CP - Poor	CA - Average	CG - Good
Ability to Understand Written Instruction:	WP - Poor	WA - Average	WG - Good

Barriers to Learning

P - Physical	V - Visual	C - Cognitive	M - Motivation	R - Religious
R - Reading	L - Language	CL - Cultural	AR - Age Related	E - Emotional
A - Auditory	N - None			

Who

PT - Patient F - Family O - Other

Learning Method Used

D - Demonstration	TV - Video/TV/Audio	W - Written	GR - Group Work
P - Pamphlet	V - Verbal Instruction	MED - Medication Instruction Sheet	O - Other

Comprehension

1. Verbalized or demonstrated understanding.
2. Not receptive/cooperative.
3. Needs further instruction.
4. Medical condition limits understanding.
5. ______
6. ______

PREFERRED LEARNING METHOD: ______

DATE/ TIME	PROVIDER INITIAL	TOPIC	READINESS TO LEARN	BARRIERS TO LEARNING	WHO	LEARNING METHOD USED	COMPREHENSION	INFORMATION TAUGHT
11/7/05 1740	[initials]	M/DX T	VG	N	Pt	V/W	1	Meds, sedation activity precautions, f/u as directed
								ceeho AA [initials]

Memorial
Building a Healthier Community

2851 (Rev 12/02) Page 1 of 2 The Reliizon Company

Interdisciplinary Patient/Family Education Flow sheet

PRINTED BY: ... 337

PATIENT INFORMATION

ERT ERT -
MCBAY,GARY BRICE
11/07/2005 MR 0000359017
PHYSICIAN,E R
DOB 08/05/1976 0531100375
M 29Y